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APPLICANTS

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** CONTINUING DATA *****

None 0.0

** FOREIGN APPLICATIONS *****

None 0.0

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: 0.0				

ADDRESS

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TITLE

Wealth transfer plan using in kind loan repayment with term insurance protection

FILING FEE RECEIVED 477	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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